HIV/AIDS Education Project

2004 Iowa

School Health Profiles

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I. Introduction

The Iowa Department of Education HIV/AIDS Education Program, through a cooperative agreement with the Division of Adolescent and School Health (DASH), National Center for Chronic Disease Prevention and Health Promotion, U.S. Centers for Disease Control and Prevention (CDC), provides assistance to schools and other youth service agencies to strengthen comprehensive school health education to prevent human immunodeficiency virus (HIV) infection and other sexually transmitted diseases (STDs), and to promote healthy behaviors and attitudes. Program requirements include the monitoring (at least every two years) of the number and percentage of schools that provide education to prevent health risk behaviors as part of a comprehensive school health program.

2004 Iowa SHP: Instruments, Samples, and Reporting

The School Health Profiles include two questionnaires, one for school principals and one for lead health education teachers. (The questionnaires are presented in the Appendix.) The principal's questionnaire was used to provide data on policies and programs related to health education, tobacco use, violence prevention, nutrition, asthma management, and HIV infection. The health education teacher's questionnaire provided data on school health education, collaboration, professional preparation, and staff development. *The overall results are presented for the entire sample when the percentages are more or less homogeneous; otherwise, results are presented for (1) middle school, (2) junior/senior high school, and (3) senior high school, defined in Table 1 below.*

Table 1: Definitions of grade categories

Grade Category	Low Grade Criterion	High Grade Criterion
Middle school	-[a]	9 or lower
Junior/senior high school	8 or lower	10 or higher
Senior high school	9 or higher	10 or higher

[a] The "-" indicates no single low grade criterion was used for this grade category. However, middle schools traditionally serve grades 6 through 8 (or sometimes 9).

The questionnaires were developed by the DASH/CDC in collaboration with representatives of 75 state, local, and territorial departments of education. They were mailed to 346 secondary schools containing any of the grades 6 through 12 in Iowa during the spring of 2004. Useable survey data were obtained from 275 principals and 254 teachers.

The data are reported in summarized form. For a more detailed summary of the data, see the document *2004 School Health Profiles Report: Iowa Department of Education* (Centers for Disease Control and Prevention, 2004). In addition to detailed tables with point and interval estimates, this report includes overhead transparencies with graphics for use in presentations. Additional transparencies will be developed for presenting the Iowa SHP results as needed. An administrative summary is also available for more general dissemination. This document contains the basic information regarding methodology and highlights of the results. Finally, this report and the administrative summary will be posted on the Iowa Department of Education Web site (**www.state.ia.us/educate**) in portable document format for electronic access.

Overview: Comprehensive School Health Education in Iowa

Effective comprehensive school health education programs focus on reducing behaviors that place youth at risk for serious health problems. This includes reducing sexual behaviors that

lead to HIV infection, other sexually transmitted diseases (STDs), and unintended pregnancies. Other risky behaviors include tobacco use, alcohol and other drug use, improper nutrition, sedentary lifestyles, intentional and unintentional injuries, and violent activity.

The CDC's definition of a comprehensive school health education program includes the following:

- a documented, planned, sequential program of health education for students in grades K through 12;
- a curriculum that addresses and integrates education about a range of categorical health problems and issues (e.g., HIV infection, drug abuse, drinking and driving, emotional health, environmental pollution) at developmentally appropriate ages;
- activities to help young people develop the skills they will need to avoid: (a) behaviors that result in intentional and unintentional injuries; (b) drug and alcohol abuse; (c) tobacco use; (d) sexual behaviors that result in HIV infection, other STDs, and unintended pregnancies; (e) imprudent dietary patterns; and (f) inadequate physical activity;
- instruction provided for a prescribed amount of time at each grade level;
- management and coordination in each school by an education professional trained to implement the program;
- instruction from teachers who have been trained to the subject;
- involvement of parents, health professionals, and other concerned community members;
- periodic evaluation, updating, and improvement.

HIV prevention education is an important component of a comprehensive school health education program. The above definition distinguishes between (1) skills-based HIV education and comprehensive school health education and (2) HIV/AIDS awareness presentations and non-comprehensive health courses. In Iowa, an HIV policy evaluation provided direction for both policymaking process and content, including HIV education policy, addressing the needs of persons infected with HIV, and infection control procedures (Veale, 1994). An update of this policy evaluation, with a focus on district-level HIV policies in Iowa, is currently being conducted. In addition, needs assessments have been conducted with elementary and secondary schools, and postsecondary teacher preparation programs to determine the training and educational needs for Iowa educators and students in HIV prevention (Veale, 2000, 2001b, 2002, and 2004a).

Regarding health education needs assessment from the student's perspective, the 2005 Iowa Youth Risk Behavior Survey is currently being conducted. It is being administered to a sample of high schools in Iowa (including alternative schools) to assess the level of involvement in risky behaviors for students in these schools. Assuming sufficient response rates for weighting the data, we will be able to make statements concerning the level of such behavior among all high school students in Iowa in 2005. The YRBS provides an important complement to the SHP in that it provides *student* input regarding their health and risk thereto.

II. Methodology

The 2004 School Health Profiles (SHP) consisted of two questionnaires—one for school principals and the other for lead health education teachers (LHETs). The survey for principals consisted of questions about health and HIV education from an administrative perspective, while the survey for LHETs examined health and HIV education from an instructional standpoint. The surveys were developed cooperatively by the CDC and 75 agencies including state departments of education, as well as local and territorial education units in the United States to monitor the current status of school health education, including education to prevent HIV infection, STDs, and other important health problems that occur at the middle, junior high, and senior high school levels. The 2004 School Health Profiles consisted of 43 questions for the school principals and 23 questions for the lead health education teachers. The rationale for the questions included in the 2004 SHP is presented in the supplementary document *2004 School Health Profiles Report: Iowa Department of Education* (Centers for Disease Control and Prevention, 2004). A few changes and additions were made to the 2002 SHP.

Sampling Procedure

Schools were selected using systematic equal probability sampling with a random start. The principal and lead health education teacher (LHET) were surveyed at each participating school. Prior to sampling, the schools were sorted by estimated enrollment in the target grades within the school grade level (e.g., middle school). This increased the likelihood of securing a sample that was representative of the population—at least with respect to estimated enrollment. This process was repeated for each targeted school grade level.

A sample size of 346 was determined from finite sampling theory for proportions, using a 5% margin of error with 95% confidence (e.g., Cochran, 1963), assuming a response rate of 75%.[1] This represented slightly more than 50% of the number of schools (682) in the population of middle, junior/senior high, and senior high schools in Iowa. Westat, Inc. selected the sample of 346 from a sampling frame consisting of all 682 schools.

The superintendents and principals in the schools sampled were then contacted. A cover letter was sent to each, along with a copy of both the principal and LHET surveys. The principal was asked to select one teacher to complete the LHET survey in the school. This was to have been someone who was in charge of health education in the school.

Usable data were received from 275 out of the 346 sampled principals from the eligible schools. This yielded a response rate for the school principal questionnaire of 79.5%. Usable data were received from 254 out of 346 sampled lead health education teachers from the eligible schools. This yielded a response rate for the LHET questionnaire of 73.4%. Both of these response rates were judged sufficient by the CDC for making inferences about the populations. In fact, these rates were fairly close to the projected rate of 75%, so the sample sizes were close to those required for the established margin of error (5%) and level of confidence (95%).

The breakdown by school grade level is presented in Table 2 (Jennifer Czuprynski and Laura Alvarez-Rojas, personal communication, December 3, 2004). These sample sizes should be considered on questions where breakdowns over school grade levels are needed. Moreover, on particular questions, the sample sizes may be even smaller due to selective nonresponse. The

[1] The following formula was used: $ME = t\,(1 - n/N)^{1/2}\,[pq/(n - 1)]^{1/2} + 1/2n$, where "ME" is the margin of error, "t" is the value of the standard normal deviate, "N" is the population (sampling frame) size, "p" is the true value of the proportion responding in a particular way to the question, and $q = 1 - p$. Here, we set ME = .05 (5%), t = 1.96, N = 682, and p = q = 0.5. The value of 259 for "n" was obtained by iteration ("trial and error"). It was conservatively estimated that the response rate would be (at least) 0.75 or 75%. Inflating the "n" by this anticipated (minimum) response rate yielded n = 259/0.75, or 346 (rounding up).

statistical effect of such breakdowns is wider confidence intervals. Thus, we feel that overall results using the total sample (yielding shorter confidence intervals) should be used, with specific grade level results presented only when they are of particular interest.

Table 2: Sample size breakdown by school grade level

Survey	Number in Middle School Sample	Number in Junior/Senior High Sample	Number in Senior High Sample	Total Sample Size
Principal	109 (39.6%)	56 (20.4%)	110 (40.0%)	275
LHET	100 (39.4%)	50 (19.7%)	104 (40.9%)	254
Population	282 (41.3%)	123 (18.0%)	277 (40.6%)	682

Note the excellent agreement between the percentages in the sample (for both the principal and LHET surveys) and those of the population. Exact chi-square goodness-of-fit tests using *StatXact 6* (Cytel Statistical Software) showed no significant differences between the population and (a) the principals' sample grade level data (P = .596) and (b) the LHETs' sample grade level data (P = .729). This is further evidence of the representativeness of the sample, the generalizability of the overall results, and the appropriateness of using the overall results (combined grade levels).

Weighting the Survey Responses

A "weight" has been associated with each questionnaire to reflect the likelihood of a principal or LHET being selected, to reduce bias by compensating for differing patterns of nonresponse, and to improve precision by making school sample distributions conform to known population distributions. The weight used for estimation of population parameters is given by

$$W = W_1 \times f_1 \times f_2$$

where

W_1 = 1/(probability of school selection);

f_1 = a nonresponse adjustment factor calculated by school size (large, medium, and small) and school grade level (middle school, junior/senior high, high school);

f_2 = a poststratification adjustment factor calculated by type of locale (large central city, mid-size central city, urban fringe of large city, urban fringe of mid-size city, large town, small town, rural metropolitan statistical area (MSA), rural non-MSA) and school grade level (middle school, junior/senior high, high school).

Thereby, the data were adjusted somewhat to reflect differences in the number of population units that each case represented. This is somewhat similar to what is done, for example, in stratified sampling. A weighted mean or percentage was computed for each item on the survey. (The actual process of weighting is rather complicated and was conducted by Westat, Inc. using specialized statistical software.)

Data Analysis

The primary focus in data analysis is on the estimation of population parameters, namely the proportion of principals or lead health education teachers with the various health education attributes assessed in the questionnaires. These analyses were conducted by Westat, Inc., a contractor for the CDC. In addition to point estimates, 95% confidence intervals were computed.

These statistics were used to make inferences concerning the health education attributes of *all regular secondary public schools in Iowa having at least one of the grades 6 through 12.*

Informal tests of statistical significance using the confidence intervals for the three grade levels (middle school, junior/senior high, and senior high school) were conducted on data from a few selected survey questions to assess the differences in the results by school grade level. Confidence intervals that did not overlap provided evidence of statistically significant differences. Since these intervals were computed by taking into account the differential weighting of the responses based on the sampling scheme (and nonresponse patterns), this method was recommended over classical methods for simple random sampling such as Pearson chi-square (Mary Nixon, Westat statistician, personal communication, December 5, 1996). For example, question 2 on the principal's survey regarding whether health education is required yielded the three confidence intervals represented in Figure 1. The fact that these confidence intervals do not all overlap (senior high school interval does not overlap with either of the other two), indicated that the results for this question differed by school grade level. In others, e.g., question 40 regarding whether or not the school has a written policy for responding to violence at the school, the confidence intervals overlapped. No differences over grade levels were indicated on this question. Confidence intervals may be similarly used to assess differences between principals' and teachers' responses to the same question.[2]

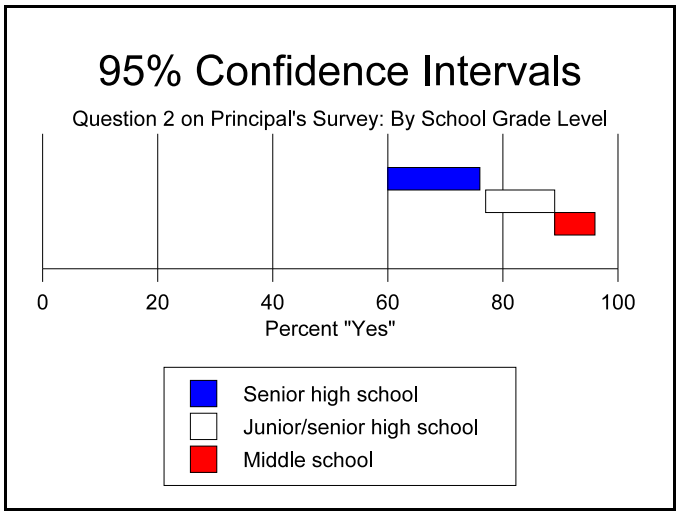

Figure 1: Non-overlapping confidence intervals on question 2 of principal's survey (evidence of statistically significant differences among school grade levels).

We always report the overall results for the total sample. Such data are meaningful even if differences exist over some of the grade levels, since the random sample was taken over the entire state. In selected questions, where significant differences are detected, the grade level results provide additional information for more specific recommendations for health education.

The point and interval estimates are presented in a supplementary report for all survey items on each of the two questionnaires using data from respondents at each of the three school grade levels, as well as the combined sample. The item question, choices, sample size ("n"), and raw counts are also presented for each item, as well as graphical representations and transparencies for use in presentations. These data summaries were produced by Westat, Inc. and are provided in the document *2004 School Health Profiles Report: Iowa Department of Education* (Centers for Disease Control and Prevention, 2004).

[2] Differences in responses to the same questions used in surveys administered over time (e.g., the 2002 and 2004 SHPs) are handled somewhat differently. The confidence interval approach for such differences is somewhat problematic, due to the possibility of repeated (non-independent) measurement among some of the respondents. For example, suppose "principal *x*" was selected for and responded to *both* the 2002 and 2004 SHP, whereas "principal *y*" was selected and responded to only the 2000 SHP. The data for principal *x* is repeated, violating the independence assumption (over years). Thus, some measurements are repeated (dependent), while others are not repeated (independent). In this report, only results where such differences were "substantial" (based on author judgement) were cited.

Summary Methods

The data are reported here in summarized form. This includes the percentages responding "Yes" (or selecting a particular choice) for binary coded questions, and the percentages for the most frequently selected response choice(s) in questions with three or more possible choices. The percentages for middle, junior/senior high, and/or senior high school are presented for selected questions. In addition, comparisons are made between principals' and teachers' responses to items common to both surveys and with results from the 2002 SHP for selected questions.

III. 2004 Iowa School Health Profiles:

Results of the School Principal Survey

The overall results of the 2004 Iowa SHP based on the school principal survey are presented below for secondary schools. Point estimates (in percent) are provided along with the number of responses on which these percentages were based. In selected questions, grade level breakdowns and/or comparisons with responses by lead health education teachers are provided if significant differences were indicated.

Eligibility Question

Question 1: Are any of the following grades taught in this school? (Grades 6-12 were given as choices.)

This question was asked to determine eligibility for the survey. There were considerable differences over grade level categories as one might expect. (For the data on this question, see the document *2004 School Health Profiles Report: Iowa Department of Education* (Centers for Disease Control and Prevention, 2004).) No school was determined to be ineligible.

Required Health Education

Question 2: Is health education required for students in any of grades 6 through 12 in this school?

Based on 273 responses, it is estimated that 81% of secondary principals indicated that health education was required for students in one or more of grades 6 through 12.

There were significant differences between (1) middle school and junior/senior high school principals and (2) senior high school principals on this question ($P < .05$). The percentage responding "Yes" varied from 92% in middle schools and 83% in junior/senior high schools to 68% in senior high schools. A higher percentage of middle school and junior/senior high school principals indicated that health education was required in their schools than did senior high school principals. (Recall Figure 1 and the discussion on p. 5.)

Question 3: Is required health education taught in each of the following ways to students in grades 6 through 12 in this school? (Mark yes or no for each method.)

a. In a combined health education and physical education course

b. In a course mainly about another subject other than health education such as science, social studies, home economics, or English

Based on 206 responses, 40% of secondary principals indicated required health education was taught in a combined health education and physical education course. Based on 200 responses, 39% indicated it was taught mainly in a course about another subject (e.g., science, social studies, home economics, or English).

Required Health Education Course

Question 4: How many required health education courses do students take in grades 6 through 12? (Mark one response.)

Based on 215 school principal responses, 43% indicated students took one course, 28% indicated students took two courses, 12% said students took three courses, and 7% indicated four or more courses were taken.

Question 5: Is a required health education course taught in each of the following grades in this school? (Mark yes, no, or not applicable for each grade.)

Based on between 86 and 125 responses, the overall percentage responding in the affirmative ranged from 70% in grade 9 to only 35% in Grade 11 and 26% in Grade 12.

Question 6: During this school year, about what percent of students in grades 6 through 12 were exempted or excused from any part of a required health education course by parental request? (Mark one response.)

Based on 193 responses, 63% indicated less than 1% were exempted/excused by parental request. This was followed by 29% who indicated that students could not be exempted or excused by parental request in their schools.

Question 7: If students fail a required health education course, are they required to repeat it?

Based on 192 responses (those schools that required health education for students and where students take one or more health education courses in any of grades 6-12), 62% responded in the affirmative.

Health Education Coordination

Question 8: Who coordinates health education in this school? (Mark one response.)

Overall, based on 264 principals responding to this question, 45% indicated the health education teacher coordinated health education in their school, followed by the district health education or curriculum coordinator with 23%.

Question 9: Is a newly hired health education teacher required to be certified, licensed, or endorsed by the state in health education?

Based on 267 responses, 84% of principals responded in the affirmative.

Question 10: Does this school or school district have a school health committee or advisory group that develops policies, coordinates activities, or seeks student and family involvement in programs that address health issues?

Based on 267 responses, 44% of principals responded in the affirmative to this question.

Required Physical Education and Physical Activity Programs

Question 11: Is physical education required for students in any of grades 6 through 12 in this school?

Based on 275 responses, 98% of principals responded in the affirmative to this question.

Question 12: How many required physical education courses do students take in grades 6 through 12 in this school? (Mark one response.)

Based on 266 responses, the most frequently selected response was 6-7 courses (29%), followed by 2-3 courses (24%).

Question 13: Is a required physical education course taught in each of the following grades in this school? (Mark yes, no, or not applicable for each grade.)

Among principals who indicated that their schools required physical education for students in *any* of grades 6-12, at least 97% indicated that it was required in *each* of grades 6-12. (These percentages were based on from 127 for sixth grade to 180 for seventh grade.)

Question 14: Can students be exempted from taking required physical education for any of the following reasons? (Mark yes or no for each reason.)

a. Enrollment in other courses (i.e., math or science)

b. Participation in school sports

c. Participation in other school activities (i.e., ROTC, marching band, chorus, or cheerleading)

d. Participation in community sports activities

Based on 260 responses, 44% indicated students may be exempted from physical education by their enrollment in other courses and based on 261 responses, 23% indicated students may be exempted from physical education by their participation in school sports. (Fewer than 10% indicated such exemptions may be obtained for participation in other school or community activities.)

Question 15: If students fail required physical education, are they required to repeat it?

Based on 260 responses, 65% responded in the affirmative to this question. However, this ranged from 20% among middle schools, to 86% in junior/senior high and 93% in high schools.

Question 16: Is a newly hired physical education teacher or specialist required to be certified, licensed, or endorsed by the state in physical education?

Based on 274 responses, 98% responded in the affirmative to this question.

Question 17: Does this school offer students opportunities to participate in before- or after-school intramural activities or physical activity clubs?

Based on 274 responses, 42% responded in the affirmative to this question.

Question 18: Does this school provide transportation home for students who participate in after-school intramural activities or physical activity clubs?

Among schools indicating they offered students opportunities to participate in before- or after-school activities or physical activity clubs, based on 113 responses, only 29% responded in the affirmative to this question. This varied from 13% among high schools to 38% among middle schools.

Question 19: Outside of school hours or when school is not in session, do children or adolescents use any of this school's activity or athletic facilities for community-sponsored sports teams or physical activity programs?

Based on 265 responses, 92% responded in the affirmative to this question.

Tobacco Prevention Policies

Question 20: Has this school adopted a policy prohibiting tobacco use?

Based on 274 responses to this question, nearly all (99%) of the secondary school principals responded affirmatively to this question.

Question 21: Does the tobacco prevention policy specifically prohibit use of each type of tobacco for each of the following groups? (Mark yes or no for each type of tobacco for each group.)

a. Cigarettes

b. Smokeless tobacco (i.e., chewing tobacco, snuff, or dip)

c. Cigars

d. Pipes

The groups included (1) students, (2) faculty/staff, and (3) visitors.

Based on 264-270 responses, the percent affirming that their policies prohibited the various types of tobacco listed was 95-98% for students, 75-78% for faculty/staff, and 69-79% for school visitors.

Question 22: Does the tobacco prevention policy specifically prohibit tobacco use during each of the following times for each of the following groups? (Mark yes or no for each time for each group.)

a. During school hours

b. During non-school hours

As in the previous question, the groups included (1) students, (2) faculty/staff, and (3) visitors.

Based on about 270 responses, the percent indicating their policies prohibited tobacco use for students was 100% during school hours and 91% during non-school hours; for faculty/staff, 83% during school hours and 58% during non-school hours; for visitors, 81% during school hours and 57% during non-school hours.

Question 23: Does the tobacco prevention policy specifically prohibit tobacco use in each of the following locations for each of the following groups? (Mark yes or no for each location for each group.)

Location

a. In school buildings

b. On school grounds

c. In school buses or other vehicles used to transport students

d. At off-campus, school-sponsored events

As in the previous questions, the groups included (1) students, (2) faculty/staff, and (3) visitors.

Based on about 270 responses regarding the various locations, nearly all principals (97-100%) responded that smoking was specifically prohibited therein for students. Based on about 270 responses regarding the locations "In school buildings" and "In school buses ... students," again nearly all (96-97%) affirmed that smoking was specifically prohibited in those areas for faculty/staff, while for locations "On school grounds" and "At off-campus, school-sponsored events" 69% and 58%, respectively, indicated that smoking was specifically prohibited for faculty/staff. Again based on about 270 responses regarding the "In school buildings" and "In school buses ...students," most (96% and 91%, respectively) indicated that smoking was specifically prohibited for visitors, while for locations "On school grounds" and "At off-campus, school-sponsored events" just 63% and 40%, respectively, indicated that smoking was specifically prohibited for visitors.

Question 24: Does your school have procedures to inform each of the following groups about the tobacco prevention policy that prohibits their use of tobacco? (Mark yes, no, or not applicable for each group.)

As in the previous questions, the groups included (1) students, (2) faculty/staff, and (3) visitors.

Based on about 270 responses, 99% of principals indicated their schools had procedures to inform students about the tobacco prevention policy prohibiting use of tobacco, 95% indicated they had procedures to inform faculty/staff about the tobacco prevention policy prohibiting use of tobacco, and 80% indicated they had procedures to inform visitors about the tobacco prevention policy prohibiting use of tobacco.

Question 25: Does your school have procedures to inform parents about the policy that prohibits tobacco use by students?

Based on 271 responses, 99% of the principals responded in the affirmative on this question.

Question 26: Does your school designate an individual who has primary responsibility for seeing that the tobacco use prevention policy is enforced?

Based on 272 responses, 62% of the principals responded in the affirmative on this question.

Question 27: When students are caught smoking cigarettes, how often are each of the following actions taken? (Mark one response for each action.)

Action

a. Parents or guardians are informed

Based on the 272 principals responding to this question regarding this action, 98% indicated parents or guardians were always or almost always informed.

b. Referred to a school counselor

Based on the 268 principals responding to this question regarding this action, 47% indicated students were sometimes referred to a counselor and 31% indicated they were always or almost always so referred.

c. Referred to a school administrator

Based on the 272 principals responding to this question regarding this action, 98% indicated students were always or almost always so referred.

d. Encouraged, but not required to participate in an assistance, education, or cessation program

Based on the 268 principals responding to this question regarding this action, the highest percentage (43%) indicated students were sometimes encouraged to participate in such a program.

e. Required to participate in an assistance, education, or cessation program

Based on the 267 principals responding to this question regarding this action, 35% indicated students were never required to participate in such a program and 33% indicated they were rarely so required, while 24% indicated they were sometimes required to do so.

f. Referred to legal authorities

Based on the 270 principals responding to this question regarding this action, 37% indicated students were always or almost always referred to legal authorities and 37% indicated they were sometimes so referred.

g. Placed in detention

Based on the 266 principals responding to this question regarding this action, about 45% indicated students were never or rarely placed in detention (if caught smoking cigarettes), while 32% indicated they were sometimes detained and 23% indicated they were always or almost always detained.

h. Given in-school suspension

Based on the 268 principals responding to this question regarding this action, 41% indicated students were sometimes given in-school suspension and 33% indicated they were always or almost always given such suspension.

I. Suspended from school

Based on the 272 principals responding to this question regarding this action, 39% indicated students were sometimes suspended from school and 30% indicated they were always or almost always suspended therefrom.

Question 28: Does your school provide referrals to tobacco cessation programs for each of the following groups? (Mark yes or no for each group.)

The groups were (a) faculty and staff and (b) students.

Based on the 271 principals responding to part (a) of this question, 21% indicated that faculty and staff would be referred to tobacco cessation programs. Based on the 270 principals responding to part (b), 52% indicated that students would be so referred (if caught using tobacco).

Question 29: Is tobacco advertising prohibited in each of the following locations? (Mark yes or no for each location.)

Location:

a. In the school building

Based on 273 principals responding to this part of the question, 93% indicated tobacco advertising was prohibited in the school building.

b. On school grounds including on the outside of the building, on playing fields, or other areas of the campus

Based on 272 principals responding to this part of the question, 92% indicated tobacco advertising was prohibited on the school grounds.

c. On school buses or other vehicles used to transport students

Based on 272 principals responding to this part of the question, 92% indicated tobacco advertising was prohibited on school buses or other student transportation vehicles.

d. In school publications (e.g., newsletters, newspapers, web sites, or other school publications)

Based on 272 principals responding to this part of the question, 92% indicated tobacco advertising was prohibited in school publications.

Question 30: Is tobacco advertising through sponsorship of school events prohibited?

Based on 272 principals responding to this question, 88% indicated tobacco advertising though sponsorship of school events was prohibited.

Question 31: Are students at your school prohibited from wearing tobacco brand-name apparel or carrying merchandise with tobacco company names, logos, or cartoon characters on it?

Based on 274 principals responding to this question, 95% indicated students were prohibited from wearing tobacco brand-name apparel or carrying such merchandise.

Question 32: Does your school post signs marking a tobacco-free school zone, that is, a specified distance from school grounds where tobacco use by students, faculty and staff, and visitors is not allowed?

Based on 272 principals responding to this question, 52% indicated their school posted signs marking a tobacco-free school zone. This was a slight increase from the percentage of schools indicating they posted such signs in the 2002 SHP (46%) and a substantial increase from that of the 2000 SHP (28%).

Nutrition-Related Policies and Practices

Question 33: How long do students usually have to eat lunch once they are seated? (Mark one response.)

a. Less than 20 minutes

b. 20 minutes or more

c. This school does not serve lunch to students

Based on 274 principals responding to this question, 36% indicated students had less than 20 minutes, while 63% said they had 20 minutes or more to eat lunch once seated.

Question 34: Does this school or district have a policy stating that fruits or vegetables will be offered at school settings such as student parties, after-school programs, staff meetings, parents' meetings, or concession stands?

Based on 274 principals responding to this question, only 6% indicated they had such a policy.

Question 35: Can student purchase snack foods or beverages from vending machines or at the school store, canteen, or snack bar?

Based on 274 principals, 89% responded in the affirmative to this question.

Question 36: Can students purchase each snack food or beverage from vending machines or at the school store, canteen, or snack bar? (Mark yes or no for each food or beverage.)

Food/Beverage

a. Chocolate candy

b. Other kinds of candy

c. Salty snacks that are *not* low in fat, such as regular potato chips

d. Salty snacks that *are* low in fat, such as pretzels, baked chips, or other low fat chips

e. Fruits or vegetables

f. Low-fat cookies, crackers, cakes, pastries, or other low-fat baked goods

g. Soft drinks, sports drinks, or fruit drinks that are not 100% juice

h. 100% fruit juice

I. Bottled water

Among those schools where students can purchase snack foods/beverages, based on about 240 responses, a little over two-thirds indicated candy was available, 71-72% indicated salty snacks (including those low in fat) were available, 60% indicated low-fat cookies and other backed goods were available, and 87-97% indicated that the various types of beverages listed were available. Only 43% indicated that fruits or vegetables were available for purchase at their school.

Question 37: Can students purchase snack foods or beverages during the following times? (Mark yes or no for each time.)

Time

a. Before classes begin in the morning

b. During any school hours when meals are not being served

c. During school lunch periods

Among those schools where students can purchase snack foods/beverages, based on about 240 principals responding to this question, the percentage indicating students could purchase snack foods/beverages was (a) 75% before classes begin in the morning, (b) 59% during any school hours when meals are not being served, and (c) 40% during school lunch periods.

Violence Prevention

Question 38: Does your school implement each of the following safety and security measures? (Mark yes or no for each measure.)

Measure

a. Require visitors to report to the main office or reception area upon arrival

Based on 275 principals responding to this part of the question, 99% indicated visitors were so required.

b. Maintain a “closed campus” where students are not allowed to leave school during the day, including during lunch

Based on 275 principals responding to this part of the question, 73% indicated a closed campus was maintained in their schools.

c. Use staff or adult volunteers to monitor school halls during and between classes

Based on 275 principals responding to this part of the question, 85% indicated they used staff or adult volunteers to monitor their school halls.

d. Routinely conduct bag, desk, or locker checks

Based on 275 principals responding to this part of the question, 38% indicated they routinely conducted such checks.

e. Prohibit students from carrying backpacks or book bags at school

Based on 275 principals responding to this part of the question, 38% indicated backpacks or book bags were prohibited in their schools.

f. Require students to wear school uniforms

None of the 275 principals (0%) responding to this part of the question indicated their students were required to wear school uniforms.

g. Require students to wear identification badges

Just one of the 275 principals (0%) responding to this part of the question indicated their students were required to wear identification badges.

h. Use metal detectors

Just two of the 275 principals (1%) responding to this part of the question indicated metal detectors were used in their schools.

i. Have uniformed police, undercover police, or security guards during the regular school day

Based on 275 principals responding to this part of the question, 15% indicated they had uniformed or undercover police or security guards during the regular school day.

Question 39: Does your school have or participate in each of the following programs? (Mark yes or no for each program.)

Program

a. A peer mediation program

Based on 275 principals responding to this part of the question, 31% indicated they had or participated in a peer mediation program.

b. A safe-passage to school program

Based on 274 principals responding to this part of the question, just 3% indicated they had or participated in a safe-passage to school program.

c. A program to prevent gang violence

Based on 274 principals responding to this part of the question, 10% indicated they had or participated in a program to prevent gang violence.

d. A program to prevent bullying

Based on 274 principals responding to this part of the question, 47% indicated they had or participated in a program to prevent bullying.

Question 40: Does your school have a written plan for responding to violence at the school?

Based on 274 principals responding to this question, 94% indicated they had a written plan for responding to violence.

Asthma Management Activities

Question 41: Does your school implement each of the following school-based asthma management activities? (Mark yes or no for each activity.)

Activity

a. Provide a full-time registered nurse, all day every day

Based on 273 principals responding to this part of the question, 39% indicated they provided this service.

b. Identify and track all students with asthma

Based on 271 principals responding to this part of the question, 87% indicated they identified and tracked such students.

c. Obtain and use an Asthma Action Plan (or Individualized Health Plan) for all students with asthma

Based on 268 principals responding to this part of the question, 55% indicated they utilized such a plan.

d. Assure immediate access to medications as prescribed by a physician and approved by parents (allow students to self-carry inhalers)

Based on 271 principals responding to this part of the question, 94% indicated they assured immediate access to such medications.

e. Provide intensive case management for students with asthma who are absent 10 days or more per year

Based on 266 principals responding to this part of the question, 37% indicated they provided such case management services.

f. Educate school staff about asthma

Based on 272 principals responding to this part of the question, 58% indicated they educated staff about asthma.

g. Educate students with asthma about asthma management

Based on 269 principals responding to this part of the question, 46% indicated they educated students with asthma about asthma management.

h. Teach asthma awareness to all students in at least one grade

Based on 264 principals responding to this part of the question, 29% indicated they taught asthma awareness to all students in at least one grade.

I. Encourage full participation in physical education and physical activity when students with asthma are doing well

Based on 272 principals responding to this part of the question, 97% indicated they encouraged full participation in such situations.

j. Provide modified physical education and physical activities as indicated by the student's Asthma Action Plan

Based on 267 principals responding to this part of the question, 83% indicated they provided modified physical education/activities suggested in the student's Asthma Action Plan.

HIV Infection Policies

Question 42: Has this school adopted a written policy that protects the rights of students and/or staff with HIV infection or AIDS?

Based on 263 principals responding to this question, 58% indicated they had a written policy that protects the rights of students or staff living with HIV or AIDS.

Question 43: Does that policy address each of the following issues for students and/or staff with HIV infection or AIDS? (Mark yes or no for each issue.)

Issue

a. Attendance of students with HIV infection or AIDS

Among those who had adopted a written policy protecting the rights of students with HIV/AIDS, based on 148 principals responding to this part of the question, 92% indicated they addressed the issue of attendance of these students in the written policy.

b. Procedures to protect HIV-infected students and staff from discrimination

Based on 147 principals responding to this part of the question, 91% indicated they addressed the issue of procedures to protect these students and staff from discrimination in the written policy.

c. Maintaining confidentiality of HIV-infected students and staff

Based on 147 principals responding to this part of the question, 95% indicated they addressed the issue of maintaining confidentiality of these students and staff in the written policy.

d. Worksite safety (i.e., universal precautions for all school staff)

Based on 147 principals responding to this part of the question, 99% indicated they addressed the issue of worksite safety in the written policy.

e. Confidential counseling for HIV-infected students

Based on 147 principals responding to this part of the question, 67% indicated they addressed the issue of confidential counseling for these students in the written policy.

f. Communication of the policy to students, school staff, and parents

Based on 148 principals responding to this part of the question, 88% indicated they addressed the issue of communication of the policy to students, school staff, and parents.

g. Adequate training about HIV infection for school staff

Based on 145 principals responding to this part of the question, 88% indicated they addressed the issue of training about HIV infection for school staff in the written policy.

h. Procedures for implementing the policy

Based on 146 principals responding to this part of the question, 89% indicated they addressed the issue of procedures for implementing the written policy.

IV. 2004 Iowa School Health Profiles:

Results of the Lead Health Education Teacher Survey

The results of the 2004 Iowa SHP based on the lead health education teacher survey are presented below. Point estimates (in percent) are provided along with the number of responses on which these percentages were based. In selected questions, grade level breakdowns and/or comparisons with responses by principals are provided if significant differences were indicated.

Required Health Education Courses

Question 1: Is a health education course required for students in any of grades 6 through 12 in this school? (Mark one response.)

Based on 244 LHET responses to this question, it was estimated that 77% of schools required health education for students in one or more of grades 6 through 12. Note that this compares with 81% of principals who so indicated. This difference was not statistically significant ($P > .05$). In contrast to the result for principals, there were no grade level differences on this question ($P > .05$).

> [Note: Teachers responding "no" to question 1 were instructed to proceed to question 12. Thus, the percentages in questions 2-11 were based on fewer responses. Moreover, not all of those responding affirmatively to question 1 (188) chose to respond to these questions.]

Question 2: Are teachers in this school required to use each of the following materials in a required health education course for student in grades 6 through 12? (Mark yes or no for each type of material.)

Materials

a. The National Health Education Standards

Based on 176 responses to this part of the question, 44% of LHETs indicated that the National Health Education Standards were required to be used in required health education courses.

b. Your state's curriculum, set of guidelines, or framework

Based on 177 responses to this part of the question, 55% of LHETs indicated that their state's materials were required to be used in required health education courses.

c. Your district's curriculum, set of guidelines, or framework

Based on 177 responses to this part of the question, 89% of LHETs indicated that their district's materials were required to be used in required health education courses.

d. Your school's curriculum, set of guidelines, or framework

Based on 178 responses to this part of the question, 88% of LHETs indicated that their school's materials were required to be used in required health education courses.

e. Any materials from health organizations, such as the American Red Cross or the American Cancer Society

Based on 177 responses to this part of the question, 28% of LHETs indicated that materials from health organizations were required to be used in required health education courses.

f. A commercially-developed student textbook

Based on 176 responses to this part of the question, 46% of LHETs indicated that a commercially-developed textbook was required to be used in required health education courses.

g. A commercially-developed teacher's guide

Based on 176 responses to this part of the question, 38% of LHETs indicated that a commercially-developed teacher's guide was required to be used in required health education courses.

Question 3: During this school year, have teachers in this school tried to increase student knowledge on each of the following topics in a required health education course in any of grades 6 through 12? (Mark yes or no for each topic.)

Topic

a. Accident or injury prevention

Based on 180 responses to this part of the question, 83% of LHETs indicated that teachers in their school tried to increase student knowledge in the area of accident or injury prevention.

b. Alcohol or other drug use prevention

Based on 183 responses to this part of the question, 97% of LHETs indicated that teachers in their school tried to increase student knowledge in the area of alcohol or other drug use prevention.

c. Consumer health

Based on 181 responses to this part of the question, 79% of LHETs indicated that teachers in their school tried to increase student knowledge in the area of consumer health.

d. CPR (Cardiopulmonary resuscitation)

Based on 179 responses to this part of the question, 62% of LHETs indicated that teachers in their school tried to increase student knowledge in the area of CPR.

e. Death and dying

Based on 179 responses to this part of the question, 61% of LHETs indicated that teachers in their school tried to increase student knowledge in the area of death and dying.

f. Dental and oral health

Based on 180 responses to this part of the question, 62% of LHETs indicated that teachers in their school tried to increase student knowledge in the area of dental and oral health.

g. Emotional and mental health

Based on 180 responses to this part of the question, 93% of LHETs indicated that teachers in their school tried to increase student knowledge in the area of emotional and mental health.

h. Environmental health

Based on 179 responses to this part of the question, 74% of LHETs indicated that teachers in their school tried to increase student knowledge in the area of environmental health.

i. First aid

Based on 177 responses to this part of the question, 69% of LHETs indicated that teachers in their school tried to increase student knowledge in the area of first aid.

j. Growth and development

Based on 181 responses to this part of the question, 92% of LHETs indicated that teachers in their school tried to increase student knowledge in the area of growth and development.

k. HIV (Human Immunodeficiency virus) prevention

Based on 172 responses to this part of the question, 96% of LHETs indicated that teachers in their school tried to increase student knowledge in the area of HIV prevention.

l. Human sexuality

Based on 182 responses to this part of the question, 85% of LHETs indicated that teachers in their school tried to increase student knowledge in the area of human sexuality.

m. Immunization and vaccinations

Based on 179 responses to this part of the question, 67% of LHETs indicated that teachers in their school tried to increase student knowledge in the area of immunization and vaccinations.

n. Nutrition and dietary behavior

Based on 175 responses to this part of the question, 98% of LHETs indicated that teachers in their school tried to increase student knowledge in the area of nutrition and dietary behavior.

o. Personal hygiene

Based on 181 responses to this part of the question, 80% of LHETs indicated that teachers in their school tried to increase student knowledge in the area of personal hygiene.

p. Physical activity and fitness

Based on 170 responses to this part of the question, 98% of LHETs indicated that teachers in their school tried to increase student knowledge in the area of physical activity and fitness.

q. Pregnancy prevention

Based on 180 responses to this part of the question, 83% of LHETs indicated that teachers in their school tried to increase student knowledge in the area of pregnancy prevention.

r. STD (sexually transmitted disease) prevention

Based on 182 responses to this part of the question, 91% of LHETs indicated that teachers in their school tried to increase student knowledge in the area of STD prevention.

s. Suicide prevention

Based on 181 responses to this part of the question, 77% of LHETs indicated that teachers in their school tried to increase student knowledge in the area of suicide prevention.

t. Sun safety or skin cancer prevention

Based on 178 responses to this part of the question, 74% of LHETs indicated that teachers in their school tried to increase student knowledge in the area of sun safety or skin cancer prevention.

u. Tobacco use prevention

Based on 178 responses to this part of the question, 98% of LHETs indicated that teachers in their school tried to increase student knowledge in the area of tobacco use prevention.

v. Violence prevention (such as bullying, fighting, or homicide)

Based on 183 responses to this part of the question, 80% of LHETs indicated that teachers in their school tried to increase student knowledge in the area of violence prevention.

Question 4: During this school year, have teachers in this school tried to improve each of the following student skills in a required health education course in any of grades 6 through 12? (Mark yes or no for each skill.)

Skill

a. Accessing valid health information, products, and services

Based on 177 responses to this part of the question, 87% of LHETs indicated that they tried to improve student skills in accessing valid health information, products, and services, in required health education courses.

b. Advocating for personal, family, and community health

Based on 180 responses to this part of the question, 86% of LHETs indicated that they tried to improve student skills in advocating for personal, family, and community health, in required health education courses.

c. Analysis of media messages

Based on 181 responses to this part of the question, 84% of LHETs indicated that they tried to improve student skills in analyzing media messages, in required health education courses.

d. Communication

Based on 182 responses to this part of the question, 92% of LHETs indicated that they tried to improve student communication skills, in required health education courses.

e. Decision making

Based on 183 responses to this part of the question, 98% of LHETs indicated that they tried to improve student decision making skills, in required health education courses.

f. Goal setting

Based on 183 responses to this part of the question, 91% of LHETs indicated that they tried to improve student goal setting skills, in required health education courses.

g. Conflict resolution

Based on 182 responses to this part of the question, 85% of LHETs indicated that they tried to improve student conflict resolution skills, in required health education courses.

h. Resisting peer pressure for unhealthy behaviors (i.e., refusal skills)

Based on 182 responses to this part of the question, 95% of LHETs indicated that they tried to improve student refusal skills, in required health education courses.

i. Stress management

Based on 182 responses to this part of the question, 88% of LHETs indicated that they tried to improve student stress management skills, in required health education courses.

Question 5: During this school year, have teachers in this school used each of the following teaching methods in a required health education course in any of grades 6 through 12? (Mark yes or no for each teaching method.)

Teaching method

a. Group discussions

Based on 183 responses to this part of the question, 99% of LHETs indicated that they used group discussions in required health education courses.

b. Cooperative group activities

Based on 183 responses to this part of the question, 97% of LHETs indicated that they used cooperative group activities in required health education courses.

c. Role play, simulations, or practice

Based on 183 responses to this part of the question, 81% of LHETs indicated that they used role play, simulations, or practice in required health education courses.

d. Language, performing, or visual arts

Based on 178 responses to this part of the question, 61% of LHETs indicated that they used language, performing, or visual arts in required health education courses.

e. Pledges or contracts for behavior change

Based on 182 responses to this part of the question, 43% of LHETs indicated that they used pledges or contracts for behavior change in required health education courses.

f. Peer educators

Based on 181 responses to this part of the question, 55% of LHETs indicated that they used peer educators in required health education courses.

g. The Internet

Based on 181 responses to this part of the question, 87% of LHETs indicated that they used the Internet in required health education courses.

h. Computer-assisted instruction

Based on 180 responses to this part of the question, 52% of LHETs indicated that they used computer-assisted instruction in required health education courses.

Question 6: During this school year, have teachers in this school used each of the following teaching methods to highlight diversity or the values of various cultures in a required health education course in any of grades 6 through 12? (Mark yes or no for each teaching method.)

Teaching method

a. Use textbooks or curricular materials reflective of various cultures

Based on 181 responses to this part of the question, 71% of LHETs indicated that they used textbooks or curricular materials reflective of various cultures to highlight diversity or the values of various cultures in a required health education course.

b. Use textbooks or curricular materials designed for students with limited English proficiency

Based on 181 responses to this part of the question, 20% of LHETs indicated that they used textbooks or curricular materials designed for students with limited English proficiency to highlight diversity or the values of various cultures in a required health education course.

c. Ask students to share their own cultural experiences related to health topics

Based on 180 responses to this part of the question, 67% of LHETs indicated that they asked students to share their own cultural experiences related to health topics to highlight diversity or the values of various cultures in a required health education course.

d. Teach about cultural differences and similarities

Based on 180 responses to this part of the question, 68% of LHETs indicated that they taught about cultural differences and similarities to highlight diversity or the values of various cultures in a required health education course.

e. Modify teaching methods to match students' learning styles, health beliefs, or cultural values

Based on 183 responses to this part of the question, 85% of LHETs indicated that they modified teaching methods to match students' learning styles, health beliefs, or cultural values to highlight diversity or the values of various cultures in a required health education course.

Question 7: During this school year, have teachers in this school asked students to participate in each of the following activities as part of a required health education course in any of grades 6 through 12? (Mark yes or no for each activity.)

Activity

a. Perform volunteer work at a hospital, a local health department, or any other community organization that addresses health issues

Based on 181 responses to this part of the question, 17% of LHETs indicated that they asked students to perform volunteer work in an organization that addresses health issues as part of a required health education course.

b. Participate in or attend a school or community health fair

Based on 182 responses to this part of the question, 14% of LHETs indicated that they asked students to participate in or attend a school or community health fair as part of a required health education course.

c. Gather information about health services that are available in the community

Based on 182 responses to this part of the question, 47% of LHETs indicated that they asked students to gather information about health services that are available in the community as part of a required health education course.

d. Visit a store to compare prices of health products

Based on 180 responses to this part of the question, 23% of LHETs indicated that they had students visit a store to compare prices of health products as part of a required health education course.

e. Identify potential injury sites at school, home, or in the community

Based on 180 responses to this part of the question, 46% of LHETs indicated that they asked students to identify potential injury sites at school, home, or in the community as part of a required health education course.

f. Identify and analyze advertising in the community designed to influence health behaviors or health risk behaviors

Based on 180 responses to this part of the question, 62% of LHETs indicated that they asked students to identify and analyze advertising in the community designed to influence health behaviors or health risk behaviors as part of a required health education course.

g. Advocate for a health-related issue

Based on 181 responses to this part of the question, 46% of LHETs indicated that they asked students to advocate for a health-related issue as part of a required health education course.

h. Complete homework assignments with family members

Based on 181 responses to this part of the question, 81% of LHETs indicated that they had students complete homework assignments with family members as part of a required health education course.

Question 8: During this school year, did teachers in this school teach each of the following tobacco use prevention topics in a required health education course for students in any of grades 6 through 12? (Mark yes or no for each topic.)

Topic

a. Short- and long-term health consequences of cigarette smoking (such as stained teeth, bad breath, heart disease, and cancer)

Based on 181 responses to this part of the question, 97% of LHETs indicated that they taught the short-term and long-term health consequences of cigarette smoking as part of a required health education course.

b. Benefits of *not* smoking cigarettes (including long- and short-term health benefits, social benefits, environmental benefits, and financial benefits)

Based on 179 responses to this part of the question, 97% of LHETs indicated that they taught the benefits of not smoking cigarettes as part of a required health education course.

c. Risks of cigar or pipe smoking

Based on 181 responses to this part of the question, 84% of LHETs indicated that they taught the risks of cigar or pipe smoking as part of a required health education course.

d. Short- and long-term health consequences of using smokeless tobacco

Based on 181 responses to this part of the question, 95% of LHETs indicated that they taught the short- and long-term health consequences of using smokeless tobacco as part of a required health education course.

e. Benefits of *not* using smokeless tobacco

Based on 181 responses to this part of the question, 92% of LHETs indicated that they taught the benefits of not using smokeless tobacco as part of a required health education course.

f. Addictive effects of nicotine in tobacco products

Based on 180 responses to this part of the question, 95% of LHETs indicated that they taught the addictive effects of nicotine in tobacco products as part of a required health education course.

g. How many young people use tobacco

Based on 180 responses to this part of the question, 88% of LHETs indicated that they taught how many young people use tobacco as part of a required health education course.

h. The number of illnesses and deaths related to tobacco use

Based on 181 responses to this part of the question, 94% of LHETs indicated that they taught the number of illnesses and deaths related to tobacco use as part of a required health education course.

I. Influence of families on tobacco use

Based on 180 responses to this part of the question, 90% of LHETs indicated that they taught the influence of families on tobacco use as part of a required health education course.

j. Influence of media on tobacco use

Based on 181 responses to this part of the question, 95% of LHETs indicated that they taught the influence of media on tobacco use as part of a required health education course.

k. Social or cultural influences on tobacco use

Based on 181 responses to this part of the question, 86% of LHETs indicated that they taught the social or cultural influences on tobacco use as part of a required health education course.

l. How to find valid information or services related to tobacco use prevention or cessation

Based on 182 responses to this part of the question, 69% of LHETs indicated that they taught how to find valid information or services related to tobacco use prevention/cessation as part of a required health education course.

m. Making a personal commitment not to use tobacco

Based on 181 responses to this part of the question, 71% of LHETs indicated that they taught the importance of making a personal commitment not to use tobacco as part of a required health education course.

n. How students can influence or support others to prevent tobacco use

Based on 183 responses to this part of the question, 84% of LHETs indicated that they taught how students can influence or support others to prevent tobacco use as part of a required health education course.

o. How students can influence or support others in efforts to quit using tobacco

Based on 182 responses to this part of the question, 80% of LHETs indicated that they taught how students can influence or support others in efforts to quit using tobacco as part of a required health education course.

p. How to say no to tobacco use

Based on 180 responses to this part of the question, 91% of LHETs indicated that they taught how to say no to tobacco use as part of a required health education course.

q. The health effects of environmental tobacco smoke (ETS) or second-hand smoke

Based on 181 responses to this part of the question, 95% of LHETs indicated that they taught the health effects of environmental tobacco smoke (ETS) or second-hand smoke as part of a required health education course.

Question 9: During this school year, did teachers in this school teach each of the following HIV prevention topics in a required health education course for students in any of grades 6 through 12? (Mark yes or no for each topic.)

Topic

a. Abstinence as the most effective method to avoid HIV infection

Based on 174 responses to this part of the question, 92% of LHETs indicated that they taught abstinence as the most effective method to avoid HIV infection as part of a required health education course.

b. How HIV is transmitted

Based on 175 responses to this part of the question, 92% of LHETs indicated that they taught how HIV is transmitted as part of a required health education course.

c. How HIV affects the human body

Based on 176 responses to this part of the question, 90% of LHETs indicated that they taught how HIV affects the human body as part of a required health education course.

d. How to correctly use a condom

Based on 176 responses to this part of the question, 47% of LHETs indicated that they taught how to correctly use a condom as part of a required health education course.

e. Condom efficacy, that is, how well condoms work and don't work

Based on 175 responses to this part of the question, 74% of LHETs indicated that they taught condom efficacy as part of a required health education course.

f. Influence of alcohol and other drugs on HIV-related risk behaviors

Based on 174 responses to this part of the question, 88% of LHETs indicated that they taught the influence of alcohol and other drugs on HIV-related risk behaviors as part of a required health education course.

g. Social or cultural influences on HIV-related risk behaviors

Based on 177 responses to this part of the question, 78% of LHETs indicated that they taught social or cultural influences on HIV-related risk behaviors as part of a required health education course.

h. The number of young people who get HIV

Based on 177 responses to this part of the question, 76% of LHETs indicated that they taught the number of young people who get HIV as part of a required health education course.

i. How to find valid information or services related to HIV or HIV testing

Based on 178 responses to this part of the question, 71% of LHETs indicated that they taught how to find valid information or services related to HIV or HIV testing as part of a required health education course.

j. Compassion for persons living with HIV or AIDS

Based on 179 responses to this part of the question, 73% of LHETs indicated that they taught compassion for persons living with HIV or AIDS as part of a required health education course.

Question 10: During this school year, did teachers in this school teach each of the following nutrition and dietary topics in a required health education course for students in any of grades 6 through 12? (Mark yes or no for each topic.)

Topic

a. The benefits of healthy eating

Based on 174 responses to this part of the question, 96% of LHETs indicated that they taught the benefits of healthy eating as part of a required health education course.

b. Identifying Food Guide Pyramid food groups and serving recommendations

Based on 178 responses to this part of the question, 92% of LHETs indicated that they taught the Food Guide Pyramid as part of a required health education course.

c. Using food labels

Based on 179 responses to this part of the question, 85% of LHETs indicated that they taught using food labels as part of a required health education course.

d. Aiming for a healthy weight (balancing food intake and physical activity)

Based on 177 responses to this part of the question, 89% of LHETs indicated that they taught aiming for a healthy weight as part of a required health education course.

e. Choosing a variety of grains daily, especially whole grains

Based on 179 responses to this part of the question, 82% of LHETs indicated that they taught choosing a variety of grains daily as part of a required health education course.

f. Choosing a variety of fruits and vegetables daily

Based on 178 responses to this part of the question, 88% of LHETs indicated that they taught choosing a variety of fruits and vegetables daily as part of a required health education course.

g. Choosing a diet low in saturated fat and cholesterol and moderate in total fat

Based on 178 responses to this part of the question, 88% of LHETs indicated that they taught choosing a diet low in saturated fat and cholesterol and moderate in total fat as part of a required health education course.

h. Moderating intake of sugars

Based on 177 responses to this part of the question, 87% of LHETs indicated that they taught moderating intake of sugars as part of a required health education course.

i. Choosing and preparing foods with less salt

Based on 179 responses to this part of the question, 73% of LHETs indicated that they taught choosing and preparing foods with less salt as part of a required health education course.

j. Eating more calcium-rich foods

Based on 180 responses to this part of the question, 79% of LHETs indicated that they taught eating more calcium-rich foods as part of a required health education course.

k. Keeping food safe to eat

Based on 178 responses to this part of the question, 74% of LHETs indicated that they taught keeping food safe to eat as part of a required health education course.

l. Preparing healthy meals and snacks

Based on 180 responses to this part of the question, 79% of LHETs indicated that they taught preparing healthy meals and snacks as part of a required health education course.

m. Risks of unhealthy weight control practices

Based on 178 responses to this part of the question, 90% of LHETs indicated that they taught risks of unhealthy weight control practices as part of a required health education course.

n. Accepting body size differences

Based on 177 responses to this part of the question, 87% of LHETs indicated that they taught accepting body size differences as part of a required health education course.

o. Eating disorders

Based on 177 responses to this part of the question, 88% of LHETs indicated that they taught eating disorders as part of a required health education course.

Question 11: During this school year, did teachers in this school teach each of the following physical activity topics in a required health education course for students in any of grades 6 through 12? (Mark yes or no for each topic.)

Topic

a. The physical, psychological, or social benefits of physical activity

Based on 170 responses to this part of the question, 93% of LHETs indicated that they taught the various benefits of physical activity as part of a required health education course.

b. Health-related fitness (i.e., cardiovascular endurance, muscular endurance, muscular strength, flexibility, and body composition)

Based on 173 responses to this part of the question, 88% of LHETs indicated that they taught health-related fitness as part of a required health education course.

c. Phases of a workout (i.e., warm-up, workout, and cool down)

Based on 176 responses to this part of the question, 81% of LHETs indicated that they taught phases of a workout as part of a required health education course.

d. How much physical activity is enough (i.e., determining frequency, intensity, time, and type of physical activity)

Based on 172 responses to this part of the question, 80% of LHETs indicated that they taught how much physical activity is enough as part of a required health education course.

e. Developing an individualized physical activity plan

Based on 177 responses to this part of the question, 64% of LHETs indicated that they taught developing an individualized physical activity plan as part of a required health education course.

f. Monitoring progress toward reaching goals in an individualized physical activity plan

Based on 179 responses to this part of the question, 60% of LHETs indicated that they taught monitoring progress toward reaching goals in an individualized physical activity plan as part of a required health education course.

g. Overcoming barriers to physical activity

Based on 176 responses to this part of the question, 66% of LHETs indicated that they taught overcoming barriers to physical activity as part of a required health education course.

h. Decreasing sedentary activities such as television watching

Based on 175 responses to this part of the question, 82% of LHETs indicated that they taught decreasing sedentary activities as part of a required health education course.

i. Opportunities for physical activity in the community

Based on 177 responses to this part of the question, 70% of LHETs indicated that they taught about opportunities for physical activity in the community as part of a required health education course.

j. Preventing injury during physical activity

Based on 177 responses to this part of the question, 76% of LHETs indicated that they taught preventing injury during physical activity as part of a required health education course.

k. Weather-related safety (e.g., avoiding heat stroke, hypothermia, and sunburn while physically active)

Based on 174 responses to this part of the question, 78% of LHETs indicated that they taught weather-related safety as part of a required health education course.

l. Dangers of using performance-enhancing drugs, such as steroids

Based on 170 responses to this part of the question, 88% of LHETs indicated that they taught the dangers of using performance-enhancing drugs as part of a required health education course.

Tobacco Use Prevention and HIV Prevention

Question 12: During this school year, in which of the following grades was information on tobacco use prevention provided? (Mark yes, no, or not applicable for each grade.)

Based on 129-169 responses for the various grades, the percentages responding affirmatively to this question ranged from 65% in grade 12 to 82% in grade 9.

Question 13: Are required tobacco use prevention units or lessons taught in each of the following courses in this school? (Mark yes, no, or don't know for each course.)

Course

a. Science

Based on 233 responses to this part of the question, 35% of LHETs indicated that they taught tobacco use prevention units or lessons in science courses.

b. Home economics or family and consumer education

Based on 234 responses to this part of the question, 36% of LHETs indicated that they taught tobacco use prevention units or lessons in home economics or family/consumer education courses.

c. Physical education

Based on 236 responses to this part of the question, 21% of LHETs indicated that they taught tobacco use prevention units or lessons in physical education courses.

d. Family life education or life skills

Based on 236 responses to this part of the question, 41% of LHETs indicated that they taught tobacco use prevention units or lessons in family life education or life skills courses.

e. Special education

Based on 229 responses to this part of the question, 19% of LHETs indicated that they taught tobacco use prevention units or lessons in special education courses.

f. Social studies

Based on 229 responses to this part of the question, 6% of LHETs indicated that they taught tobacco use prevention units or lessons in social studies courses.

All of the above percentages are somewhat lower than those of the 2002 Iowa SHP (except for social studies, which was not included in that survey).

Question 14: Are required HIV prevention units or lessons taught in each of the following courses in this school? (Mark yes or no for each course.)

Course

g. Science

Based on 232 responses to this part of the question, 40% of LHETs indicated that they taught HIV prevention units or lessons in science courses.

b. Home economics or family and consumer education

Based on 232 responses to this part of the question, 44% of LHETs indicated that they taught HIV prevention units or lessons in home economics or family and consumer education courses.

c. Physical education

Based on 231 responses to this part of the question, 12% of LHETs indicated that they taught HIV prevention units or lessons in physical education courses.

d. Family life education or life skills

Based on 233 responses to this part of the question, 41% of LHETs indicated that they taught HIV prevention units or lessons in family life education or life skills courses.

e. Special education

Based on 224 responses to this part of the question, 15% of LHETs indicated that they taught HIV prevention units or lessons in special education courses.

f. Social studies

Based on 224 responses to this part of the question, 4% of LHETs indicated that they taught HIV prevention units or lessons in social studies courses.

All of the above percentages are somewhat lower than those of the 2002 Iowa SHP (except for social studies, which was not included in that survey).

Collaboration

Question 15: During this school year, have any health education staff worked with each of the following groups on health education activities? (Mark yes or no for each group.)

Group

a. Physical education staff

Based on 249 responses to this part of the question, 63% of LHETs indicated that they worked with physical education staff on health education activities.

b. School health services staff (e.g., nurses)

Based on 248 responses to this part of the question, 68% of LHETs indicated that they worked with school health services staff on health education activities.

c. School mental health or social services staff (e.g., psychologists, counselors, and social workers)

Based on 249 responses to this part of the question, 52% of LHETs indicated that they worked with school mental health or social services staff on health education activities.

d. Food service staff

Based on 246 responses to this part of the question, 20% of LHETs indicated that they worked with food service staff on health education activities.

e. Community members

Based on 248 responses to this part of the question, 55% of LHETs indicated that they worked with community members on health education activities.

f. Teachers in other subject areas

Based on 249 responses to this part of the question, 62% of LHETs indicated that they worked with teachers in other subject areas on health education activities.

Question 16: During this school year, has this school done each of the following activities? (Mark yes or no for each activity.)

Activity

a. Provided families with information on the health education program

Based on 252 responses to this part of the question, 61% of LHETs indicated that they provided families with information on the health education program.

b. Met with a parent's organization such as the PTA or PTO to discuss the health education program

Based on 251 responses to this part of the question, just 8% of LHETs indicated that they met with a parent's organization such as the PTA/PTO to discuss the health education program.

c. Invited family members to attend a health education class

Based on 252 responses to this part of the question, 29% of LHETs indicated that they invited family members to attend a health education class.

Staff Development

Question 17: During the past two years, did you receive staff development (such as workshops, conferences, continuing education, or any other kind of in-service) on each of the following health education topics? (Mark yes or no for each topic.)

Topic

a. Accident or injury prevention

Based on 249 responses to this part of the question, 33% of LHETs indicated that they received staff development in the area of accident or injury prevention, during the past two years.

b. Alcohol or other drug use prevention

Based on 250 responses to this part of the question, 39% of LHETs indicated that they received staff development in the area of alcohol or other drug use prevention, during the past two years.

c. Consumer health

Based on 249 responses to this part of the question, 17% of LHETs indicated that they received staff development in the area of consumer health, during the past two years.

d. CPR (Cardiopulmonary resuscitation)

Based on 250 responses to this part of the question, 47% of LHETs indicated that they received staff development in the area of CPR (cardiopulmonary resuscitation), during the past two years.

e. Death and dying

Based on 249 responses to this part of the question, 11% of LHETs indicated that they received staff development in the area of death and dying, during the past two years.

f. Dental and oral health

Based on 249 responses to this part of the question, 7% of LHETs indicated that they received staff development in the area of dental and oral health, during the past two years.

g. Emotional and mental health

Based on 249 responses to this part of the question, 31% of LHETs indicated that they received staff development in the area of emotional and mental health, during the past two years.

h. Environmental health

Based on 248 responses to this part of the question, 15% of LHETs indicated that they received staff development in the area of environmental health, during the past two years.

i. First aid

Based on 249 responses to this part of the question, 37% of LHETs indicated that they received staff development in the area of first aid, during the past two years.

j. Growth and development

Based on 249 responses to this part of the question, 23% of LHETs indicated that they received staff development in the area of growth and development, during the past two years.

k. HIV (human immunodeficiency virus) prevention

Based on 250 responses to this part of the question, 35% of LHETs indicated that they received staff development in the area of HIV prevention, during the past two years.

l. Human sexuality

Based on 248 responses to this part of the question, 26% of LHETs indicated that they received staff development in the area of human sexuality, during the past two years.

m. Immunization and vaccinations

Based on 249 responses to this part of the question, 12% of LHETs indicated that they received staff development in the area of immunization and vaccinations, during the past two years.

n. Nutrition and dietary behavior

Based on 248 responses to this part of the question, 27% of LHETs indicated that they received staff development in the area of nutrition and dietary behavior, during the past two years.

o. Personal hygiene

Based on 248 responses to this part of the question, 8% of LHETs indicated that they received staff development in the area of personal hygiene, during the past two years.

p. Physical activity and fitness

Based on 249 responses to this part of the question, 29% of LHETs indicated that they received staff development in the area of physical activity and fitness, during the past two years.

q. Pregnancy prevention

Based on 249 responses to this part of the question, 19% of LHETs indicated that they received staff development in the area of pregnancy prevention, during the past two years.

r. STD (Sexually transmitted disease) prevention

Based on 249 responses to this part of the question, 29% of LHETs indicated that they received staff development in the area of STD prevention, during the past two years.

s. Suicide prevention

Based on 250 responses to this part of the question, 18% of LHETs indicated that they received staff development in the area of suicide prevention, during the past two years.

t. Sun safety or skin cancer prevention

Based on 248 responses to this part of the question, 8% of LHETs indicated that they received staff development in the area of sun safety or skin cancer prevention, during the past two years.

u. Tobacco use prevention

Based on 249 responses to this part of the question, 23% of LHETs indicated that they received staff development in the area of tobacco use prevention, during the past two years.

v. Violence prevention (such as bullying, fighting, and homicide)

Based on 249 responses to this part of the question, 45% of LHETs indicated that they received staff development in the area of violence prevention, during the past two years.

Question 18: Would you like to receive staff development on each of these health education topics? (Mark yes or no for each topic.)

Topic

a. Accident or injury prevention

Based on 244 responses to this part of the question, 34% of LHETs indicated that they would like to receive staff development in the area of accident or injury prevention.

b. Alcohol or other drug use prevention

Based on 244 responses to this part of the question, 60% of LHETs indicated that they would like to receive staff development in the area of alcohol or other drug use prevention.

c. Consumer health

Based on 243 responses to this part of the question, 44% of LHETs indicated that they would like to receive staff development in the area of consumer health.

d. CPR (Cardiopulmonary resuscitation)

Based on 244 responses to this part of the question, 50% of LHETs indicated that they would like to receive staff development in the area of CPR.

e. Death and dying

Based on 244 responses to this part of the question, 52% of LHETs indicated that they would like to receive staff development in the area of death and dying.

f. Dental and oral health

Based on 244 responses to this part of the question, 27% of LHETs indicated that they would like to receive staff development in the area of dental and oral health.

g. Emotional and mental health

Based on 243 responses to this part of the question, 57% of LHETs indicated that they would like to receive staff development in the area of emotional and mental health.

h. Environmental health

Based on 243 responses to this part of the question, 43% of LHETs indicated that they would like to receive staff development in the area of environmental health.

i. First aid

Based on 244 responses to this part of the question, 47% of LHETs indicated that they would like to receive staff development in the area of first aid.

j. Growth and development

Based on 243 responses to this part of the question, 40% of LHETs indicated that they would like to receive staff development in the area of growth and development.

k. HIV (human immunodeficiency virus) prevention

Based on 244 responses to this part of the question, 56% of LHETs indicated that they would like to receive staff development in the area of HIV prevention.

l. Human sexuality

Based on 244 responses to this part of the question, 51% of LHETs indicated that they would like to receive staff development in the area of human sexuality.

m. Immunization and vaccinations

Based on 244 responses to this part of the question, 38% of LHETs indicated that they would like to receive staff development in the area of immunization and vaccinations.

n. Nutrition and dietary behavior

Based on 245 responses to this part of the question, 54% of LHETs indicated that they would like to receive staff development in the area of nutrition and dietary behavior.

o. Personal hygiene

Based on 242 responses to this part of the question, 30% of LHETs indicated that they would like to receive staff development in the area of personal hygiene.

p. Physical activity and fitness

Based on 245 responses to this part of the question, 48% of LHETs indicated that they would like to receive staff development in the area of physical activity and fitness.

q. Pregnancy prevention

Based on 244 responses to this part of the question, 54% of LHETs indicated that they would like to receive staff development in the area of pregnancy prevention.

r. STD (sexually transmitted disease) prevention

Based on 245 responses to this part of the question, 56% of LHETs indicated that they would like to receive staff development in the area of STD prevention.

s. Suicide prevention

Based on 245 responses to this part of the question, 62% of LHETs indicated that they would like to receive staff development in the area of suicide prevention.

t. Sun safety or skin cancer prevention

Based on 245 responses to this part of the question, 40% of LHETs indicated that they would like to receive staff development in the area of sun safety or skin cancer prevention.

u. Tobacco use prevention

Based on 242 responses to this part of the question, 50% of LHETs indicated that they would like to receive staff development in the area of tobacco use prevention.

v. Violence prevention (such as bullying, fighting, and homicide)

Based on 244 responses to this part of the question, 71% of LHETs indicated that they would like to receive staff development in the area of violence prevention.

Question 19: During the past two years, did you receive staff development (such as workshops, conferences, continuing education, or any other kind of in-service) on each of the following teaching methods? (Mark yes or no for each teaching method.)

Teaching method

a. Teaching students with physical or cognitive disabilities

Based on 246 responses to this part of the question, 45% of LHETs indicated that they received staff development on teaching students with physical or cognitive disabilities, during the past two years.

b. Teaching students of various cultural backgrounds

Based on 248 responses to this part of the question, 35% of LHETs indicated that they received staff development on teaching students of various cultural backgrounds, during the past two years.

c. Teaching students with limited English proficiency

Based on 248 responses to this part of the question, 18% of LHETs indicated that they received staff development on teaching students with limited English proficiency, during the past two years.

d. Using interactive teaching methods such as role plays or cooperative group activities

Based on 248 responses to this part of the question, 52% of LHETs indicated that they received staff development on using interactive teaching methods such as role plays or cooperative group activities, during the past two years.

e. Encouraging family or community involvement

Based on 248 responses to this part of the question, 35% of LHETs indicated that they received staff development on encouraging family or community involvement, during the past two years.

f. Teaching skills for behavior change

Based on 247 responses to this part of the question, 58% of LHETs indicated that they received staff development on teaching skills for behavior change, during the past two years.

Question 20: Would you like to receive staff development on each of these teaching methods? (Mark yes or no for each teaching method.)

Teaching method

a. Teaching students with physical or cognitive disabilities

Based on 244 responses to this part of the question, 52% of LHETs indicated that they would like to receive staff development on teaching students with physical or cognitive disabilities.

b. Teaching students of various cultural backgrounds

Based on 244 responses to this part of the question, 44% of LHETs indicated that they would like to receive staff development on teaching students of various cultural backgrounds.

c. Teaching students with limited English proficiency

Based on 243 responses to this part of the question, 35% of LHETs indicated that they would like to receive staff development on teaching students with limited English proficiency.

d. Using interactive teaching methods such as role plays or cooperative group activities

Based on 245 responses to this part of the question, 49% of LHETs indicated that they would like to receive staff development on using interactive teaching methods such as role plays or cooperative group activities.

e. Encouraging family or community involvement

Based on 243 responses to this part of the question, 54% of LHETs indicated that they would like to receive staff development on encouraging family or community involvement.

f. Teaching skills for behavior change

Based on 243 responses to this part of the question, 65% of LHETs indicated that they would like to receive staff development on teaching skills for behavior change.

Note that *the percentage who would like to receive staff development exceeded the percentage who received staff development during the past two years—in every area except interactive teaching methods*. The difference in these percentages was greatest in the area "teaching students with limited English proficiency"—with 17% more LHETs desiring such training than had reported receiving it (during the past two years). Apparently, these are areas in which health education teachers feel they need more training.

Professional Preparation

Question 21: What was the major emphasis of your professional preparation? (Mark one response.)

Of the 223 responding, the combination of health and physical education was the most selected major emphasis (37%), followed by home economics or family/consumer science (25%) and physical education (14%).

Question 22: Do you hold a current teaching license, certificate, or endorsement in health education recognized by your state department of education?

Of the 247 responding, 81% responded in the affirmative. The percentage was higher for high school and junior/senior high (90%) than for middle school LHETs (65%).

Question 23: Including this school year, how many years have you been teaching health education? (Mark one response.)

Of the 245 responding, 7% had taught one year, 27% two to five years, 16% six to nine years, 16% 10 to 14 years, and 34% had taught 15 years or more.

V. Discussion and Recommendations

The survey data indicate that health education is being taught in an integrated curriculum in Iowa schools. Health is integrated or taught in conjunction with other subjects and is also sometimes taught via programs or activities outside of a regular classroom. Most lead health education teachers had either (1) health education and physical education or (2) home economics or family/consumer science as the major emphasis of their professional preparation. About two-thirds of lead health education teachers have taught health education for more than five years and half of them have taught health education for at least 10 years.

Discussion

In the discussion that follows, we consider three critical areas of health education: (1) HIV and other STDs; (2) violent juvenile crime; and (3) tobacco use.

1. HIV and Other STDs: Policy, Student Behavior, and Preventive Health Education

Fifty-eight percent of principals responding indicated that their schools have adopted a written policy that protects the rights of students or staff with HIV infection or AIDS. This percentage was slightly lower than that of the 2002 SHP (65%). (More detailed information is currently being collected and analyzed regarding written HIV policies of school districts in Iowa. A report on this evaluation will be available later in the year.)

According to the 1997 Iowa Youth Risk Behavior Survey including 1,521 high school students from across the state, 27% of 9th graders, 39% of 10th graders, 50% of 11th graders, and 58% of 12th graders indicated that they had engaged in sexual intercourse (Veale, 1998).[3] (See Figure 2.) Slightly over one-fifth of them indicated that they had four or more sexual partners (in their life) by the 12th grade. These percentages were close to those reported for the nation as a whole (Centers for Disease Control and Prevention, August 14, 1998). In the 1997 Iowa study, among students who said they had intercourse during the three months prior to taking the survey, only about 48% said they or their partner had used a condom to prevent sexually transmitted diseases (Veale, 1998).[4]

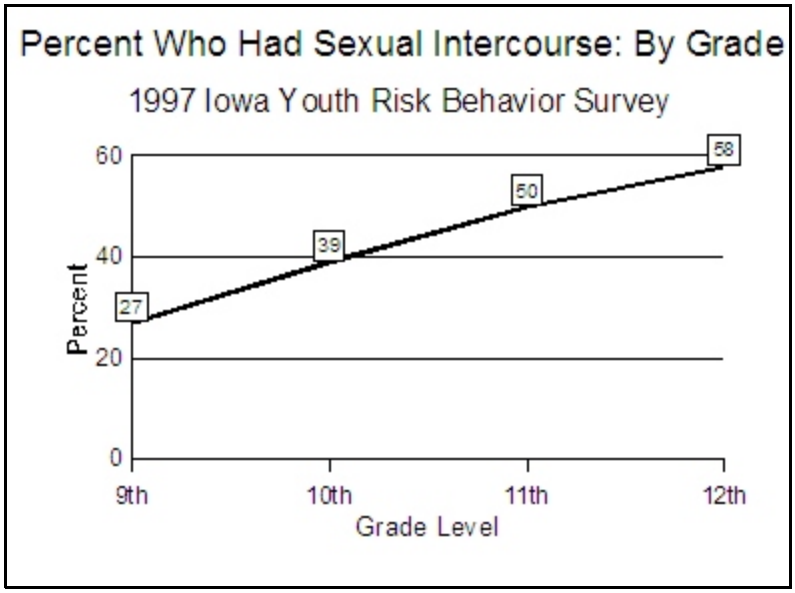

Figure 2: Percent indicating that they had engaged in sexual intercourse, by grade (Veale, 1998).

[3] This was the most recent YRBS in Iowa that provided weighted results, i.e., generalizable to all senior high school students in the state. The 2003 YRBS is currently being conducted.

[4] In Iowa, the percentage of all students who reported using a condom during last sexual intercourse was lower for grade 12 than for grades 10 or 11, but not significantly lower. (There were insufficient data in grade 9 for comparisons.)

Engaging in sexual intercourse, especially if protection is not used, puts students at risk of being infected with HIV and other STDs. *Yet, during their senior year in high school—when reported incidence of sexual intercourse was highest and reported condom use was lowest—only 26% of students received required health education (compared with 70% in grade 9 and 62% in grade 7).*

Most lead health education teachers in Iowa (96%) tried to increase student knowledge of HIV in required health education courses. Specifically, 92% taught abstinence as the most effective way to avoid HIV infection and 74% taught condom efficacy, but only 47% taught how to correctly use a condom—as part of required health education. However, 60% of high school lead health education teachers said they provided instruction in condom use.

2. Violent Juvenile Crime and Violence Prevention Activities

There is evidence that violent juvenile crime and delinquency are increasing in Iowa. For example, the number of delinquency petitions filed increased from 5,721 in 1994 to 7,062 in 2003 (Jerry Beatty, Judicial Branch, State of Iowa, personal communication, November 4, 2004). Teenage gang activity and gang-related crime have also increased in Iowa since the late 1980s. These are *health problems*, as well as social problems.

The challenges to those working in education, health care, juvenile justice, and human services are to (1) develop effective methods for reducing or controlling this problem and (2) ensure the provision of care for its victims. There is evidence from this profile that at least the first of these challenges is being met in the schools in Iowa. Eighty percent of lead health education teachers in Iowa reported that they attempted to improve student knowledge in the area of violence prevention. Moreover, the skill of nonviolent conflict resolution was taught in 85% of schools in Iowa in 2004. Also, there is evidence that many schools in Iowa have put security measures in place, such as requiring visitors to report to the main office or reception area, using staff or adult volunteers to monitor halls, and maintaining a "closed campus." Finally, 94% of principals indicated there was a written plan for responding to violence at their school.

3. Tobacco Use Policy and Prevention Education

According to the Iowa Department of Education *Iowa Youth Survey*, self-reported cigarette smoking (two or more times per week) increased among Iowa youth from 1981, nearly doubling for students in grades 6, 8, 10, and 12 to 13% overall in 1996 (Governor's Alliance on Substance Abuse, 1997). At the high school level, 37.5% reported smoking cigarettes at least once in the month prior to the 1997 YRBS, while 12.8% reported using smokeless tobacco during this same period (Veale, 1998).

There is evidence from this profile that schools are making an effort to control, reduce, and prevent tobacco use. It was estimated that nearly all (99%) of principals in secondary schools in Iowa have adopted a policy prohibiting cigarette smoking by students. In most cases, this applied to all school buildings, school grounds, school buses, and school events. The most common actions taken when students are caught smoking cigarettes are to (1) refer the student to a school administrator and (2) inform the student's parent(s) or guardian(s) about her/his smoking. Policy specifically prohibiting students from using cigarettes, smokeless tobacco, cigars, and/or pipes was also reported by 95% or more of the principals. Most principals (over 90%) reported that tobacco advertising is prohibited in their schools, as is the wearing of tobacco name-brand apparel and the carrying of tobacco name-brand merchandise. Finally, 52% of principals indicated that their school had posted signs marking a tobacco-free school zone (up from 46% in 2002 and 28% in 2000).

In terms of education, it was estimated that 98% of lead health education teachers in Iowa in 2004 tried to increase student knowledge in the area of tobacco use prevention. Moreover, more than 90% of these teachers indicated that the following specific tobacco use prevention topics were taught in required health education courses in their schools: short- and long-term consequences of cigarette smoking and use of smokeless tobacco, benefits of not using cigarettes or

smokeless tobacco, addictive effects of nicotine, number of deaths and illnesses related to tobacco use, the influence of families and the media on tobacco use, how to say no to tobacco use, and the effects of second-hand smoke. Fifty percent of health education teachers indicated they would like to receive training in tobacco use prevention; only 23% said they had received such training in the past two years.

Recommendations

1. *Encourage additional HIV prevention training or reinforcement of earlier training for juniors and seniors in high school.*

Required health education courses should be delivered to more juniors and seniors, who are most at-risk of HIV infection because of their sexual activity. This should include skills for prevention of HIV and other STDs (e.g., abstinence and correct use of condoms) as well as knowledge of HIV prevention (e.g., condom efficacy).

2. *Encourage the cooperation and collaboration among the components of the support system for the delivery of health education to students in Iowa schools.*

Components of this system include local entities such as the school administration, parents, adult volunteers (e.g., mentors), community-based agencies, and the business community. Other components might include the Area Education Agency and state and federal government agencies, such as the HIV/AIDS Education Project in Iowa and the CDC. An example of where cooperation and collaboration are needed is the development of school health committees. Only 44% of schools in Iowa in 2004 had an active school health committee or advisory group for developing policies, coordinating activities, or seeking student/family input regarding health issues, according to school principals. Another example of cooperation and collaboration is in the use of peer educators, reported by 55% of the lead health education teachers in Iowa in 2004. Programs should capitalize on the fact that kids talk to other kids and utilize *positive* peer pressure to change their behavior. Collaboration is a key to making such programs work.

3. *Use violence prevention training (for students and teachers) more extensively to counter increases in violent juvenile crime and delinquency.*

In particular, more emphasis should be given to teaching violence prevention *skills* to increase healthy behaviors among our youth. These include the development of de-escalation, mediation, and conflict resolution skills through role-playing, as well as a planned process for whole school discipline and safety (Dr. Lee Halverson, Consultant at Heartland Area Education Agency, personal communication, November 29, 1995). This may need to begin at the elementary level. An example of such a program is the Woodbury Drug and Violence Prevention Program in Marshalltown, cited by the Iowa Department of Public Health for “best prevention practices” in 1998 and presently in its ninth year of operation (Veale, 2004b).

4. *The surveys should be shortened or combined with others that are conducted periodically by the Departments of Education or Health.*

Administrators and teachers are experiencing greater educational challenges and are being asked to take on additional responsibilities in the education of our youth—often with very limited resources. Either of the above prescriptions should help to secure the continued excellent cooperation of principals and lead health education teachers in providing important information regarding the health education of our youth.

5. *The surveys should be mailed out early in the school year, to provide ample time for principals and health education teachers to complete them.*

This recommendation was based on teacher comments in the 2002 SHP and applied to the 2004 SHP. We trust that this was helpful to respondents and recommend a similarly early mailing of the surveys in 2005-06. We hope that this will help to insure the continued high level of support for these profiles.

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APPENDIX

The School Principal and Lead Health Education Teacher Questionnaires for the 2004 Iowa School Health Profiles